THE MEDICAL EXAMINER,

And Record of Medical Science.

Vol. VII.] PHILADELPHIA, SATURDAY, JUNE 1, 1844. [No. 11.

RUPTURE OF THE STOMACH, ECT.

Trial of Charles Hoyle, for the murder of Jacob Miller.

[Reported for the Examiner, by John McCreery, M. D., of Somerset, Pa.]

Charles Hoyle was tried at April sessions of Somerset County, Pennsylvania, for the murder of Jacob Miller, on the 13th January last. It appeared that on the evening of that day, Hoyle in company with two others was returning from town in a state of partial intoxication. On the way they were overtaken by Miller, between whom and Hoyle there was an old grudge. A quarrel ensued, and H. struck Miller once or twice about the head, knocking him against a fence, but not felling him. He immediately recovered himself and proceeded on his way, Hoyle following and kicking him several times about the legs. It was now after night, and dark. Miller went on about half a mile, and stopped at the house of a brother-in-law of Hoyle. He said that H. had struck him. When examined, no injury was found upon his person. He soon started towards home, and some time after was found about two miles farther on, lying on his face upon the ground, and unable to walk. When carried into the house adjoining he complained very much of his head, was sick and faint; and made several ineffectual attempts to vomit during the night. A considerable tumour was discovered behind the left ear, and blood flowed from his ears and nose. At this time he appeared to be perfectly sensible, and continued so the next day, during which he was hauled home, a distance of a mile and a half, was bled and took some medicine. On the second and third days, however, he was delirious, but on the fourth day he was again sensible, and died the same evening, 96 hours after the affray. Three days afterwards an inquest was held upon the body; Hoyle in the meantime, had escaped, but was pursued and taken.

A *post mortem* examination was made by Drs. McCreery and Berkey, 60 hours after death. There were no signs of putridity about the body. It appeared to be that of a young man, some 20 years of age, of small stature, slender, pale and delicate, and of a strongly marked scrofulous habit. There were no external marks of violence upon the body except a slight abrasion behind the left ear, and one or two about the face. Two sinuses were observed upon the left hip which were supposed to indicate the existence of morbus coxarius, and attention was first directed to this part. The joint was found completely anchylosed, with great enlargement of the head of the femur, the shaft being carious so that a probe passed for four or five inches longitudinally through the bone. The disease was evidently chronic and quiescent, exhibiting no marks of recent inflammation.

Upon exposing the brain, its vessels were found very much engorged with dark venous blood—none of them ruptured however; about two ounces of colorless serum in the ventricles—membranes natural—no softening of the substance of the brain. The viscera of the thorax natural and healthy in appearance—no tuberculization of the lungs.

In the cavity of the abdomen there was a large effusion of *fluid* blood, mixed with the contents of the stomach, consisting of bile and the ordinary fluid of that organ, which were found to have escaped through a solution of continuity of some three to three and a half inches in extent, in the situation and in the direction of its lesser curvature, commencing half an inch from the pyloric orifice, and extending along the attachment of the omentum minus towards the cardia. The edges were straight, but not smooth. The stomach was collapsed and empty—its mucous membrane pale and somewhat softened, but presenting a remarkable arborescence of its vessels, which were enlarged, some to the size of a crow quill, and all distended with coagulated blood. This was more particularly the case towards the smaller extremity. There was also an extensive ecchymosis beneath the mucous membrance on the anterior face of the stomach. The spleen was very much engorged, and softened to a consistence scarcely greater than that of coagulated blood—a mere pulp. The liver too was somewhat engorged, but not conspicuously; the other organs natural. *There was not the slightest appearance of contusion upon the abdomen externally.* This was the case of the commonwealth, as it went to the jury.

For the defence, it was submitted that the prosecution had failed to connect the *post mortem* appearances of the body with the assault of Hoyle; it was urged as extremely improbable, if not impossible, that a man should be able to walk a distance of two miles after a rupture of the stomach inflicted by a blow—or that he should live four days afterwards. It was proved that near where he was found there was ice upon the road, and from the blood and other appearances on it, it was inferred he had fallen upon it, and had been injured on the rough projecting stones which were also there. It was argued also that this was the more likely, as he was crippled by the disease of his hip, and was consequently unable to walk steadily. In about twenty minutes after retiring, the jury brought in a verdict of "*not guilty.*"

It is proper to observe here, that the declarations of the deceased, which were much relied on by the commonwealth for the conviction of Hoyle, were not admitted in evidence by the court; it was however given before the inquest. Miller alledged at different times, that H. had returned and assailed him again at the place were the appearances of blood, &c., were found on the road; that he had knocked him down and jumped upon him, and had thus inflicted mortal injury upon him. It was, however, testified upon the trial by both the persons who were with Hoyle, that he continued with them a distance of three miles beyond where Miller said he attacked him the second time; and nearly to his own house.

Now what was the cause of death in this case? Was the stomach really ruptured by the violence inflicted by H. at any time, or was it done by the fall upon the ice and stones, or was it done in any way during life? And if done after death, how? It is quite possible that the stomach might be ruptured by a blow on the epigastrium, and yet no marks be

found upon the abdomen, but it is certainly contrary to all received opinions that a man should live for four days afterwards, with a rupture of this extent; the case of St. Martin to the contrary notwithstanding. But supposing the stomach were not ruptured during life. Then what caused the congestion of the brain, and what agency had it in causing death? Was it the result of violence directly to the head, or of the condition of the stomach as evidenced by the pathological appearances, independently of the rupture? whether those were caused by chronic disease or recent injury? Or was its occurrence entirely incidental, and unconnected with the injuries? We confess ourselves unable to answer these questions to our own satisfaction, from the imperfect history of the symptoms, and of the case, subsequent to the reception of the injury, and in hope that some of those who are familiar with such investigations will throw some light upon it. The case is a curious one, and important in a medico-legal point of view. It will be important, should it be decided that the stomach was ruptured in any way during life, and it will be perhaps not less so, should it be found that it was done after death, without anything having occurred in either case which could lead us to suspect such a lesion.

The above report is interesting in several points, but its value is very much lessened by the imperfection of the evidence, and especially as to the symptoms under which Miller laboured during the time which elapsed after he was beaten, until his death. From Dr. McCreery we learn that he was attended during that time by an "*Indian Doctor*," one who was, of course, wholly incapable of appreciating the symptoms, or of giving any rational account of the case. Dr. McCreery also informs us, that he "was perfectly temperate in his habits, and had not drunk a drop of spirits on the day of the affray." It appears to us very manifest, that Miller died from the abuse he received on that occasion, the verdict of the jury to the contrary notwithstanding. Nothing is said of his being sick prior to the affray. He was struck "once or twice about the head," and knocked "against the fence," and "kicked several times about the legs"—but it is quite likely, from what happened afterwards, that some of the kicks extended higher up, without being observed by the witnesses, as "it was now after night, and dark." The immediate cause of his death was, most probably, the injured condition of the stomach. "Softening of its mucous membrane," "ecchymosis," "remarkable arborescence of its vessels, which were enlarged, some to the size of a crow-quill, and all distended with coagulated blood," indicate clearly enough that inflammation had existed, and the rupture that followed may be regarded as the result of the softening caused by the inflammation. When found, after the beating, he was "lying on his face upon the ground, and unable to walk"—and it appears further more, that he "made several ineffectual attempts to vomit during the night"—which would seem to show, that the stomach had been injured at the time, although it might have been only symptomatic of injury of the brain.—EDITOR.

IRREGULARITY OF THE TEETH.

To the Editor of the Medical Examiner.

DEAR SIR,—Deformity or irregularity of the permanent set of teeth is a subject but little understood, in proportion to the frequency of its occurrence at the present day, except by the scientific dentist. The most ordinary causes of this malformation should not only be fully comprehended by the practising physician, but I conceive it to be seriously incumbent upon him to correct one or two important errors which prevail always within the circle of his practice, to the continuance of this evil.

It is my object, in this place, to ask the attention of your readers to such situations of the temporary set, or shedding teeth, as is most apt to produce this difficulty in those which are to follow, either from a neglect to remove them sufficiently early, or from too great officiousness in this matter.

If the primary tooth remains firm, after the indication of its successor, in an improper position, such tooth, and sometimes one immediately adjoining, should be removed, and a daily pressure made upon the tooth or prominence caused by its presence. As few teeth, under these circumstances, should be extracted, as may suffice to give place to the new one; as, for instance, when this difficulty occurs with an upper central incisor, in consequence of its being so much larger than its predecessor, it is not unusual to remove two teeth for its accommodation; whereas, a lateral incisor and the inferior front teeth vary so little in size in both sets, as seldom to require the removal of more than *one* for this purpose.

Another most frequent cause of deformity, to a certain extent, is the removal of the deciduous teeth entirely too early, simply, because they are discovered to be loose. Now the fact of a tooth becoming loose, implies that nature is at work most harmoniously, and ought not to be disturbed. As the upper portion of the new tooth (supposing it to be in the lower jaw) presses upon the root of the old one, it causes an absorption of that root, and, in most cases, the temporary tooth will remain in, growing more and more loose for several weeks; and finally the child removes it with his finger, or perhaps with no other agent than his tongue. When such is the case, a beautiful and true set of teeth is almost always the result. If a tooth is removed untimely in this view of the case, the arch being broken, the teeth incline toward each other, and the jaw itself contracts, and becomes too small to accommodate the full compliment of teeth which are soon to make their appearance.

In connection with the foregoing remarks, I am induced to communicate the following case, and its method of treatment; not so much from its rareness of occurrence, as its *extent* in the present instance, implicating the well-being, not only of the two central upper incisors, but those of the four inferior teeth of the same name. I would further add that I simply claim originality for so constructing my apparatus as to remedy both evils at one and the same time.

On the 28th of April last, a lad aged 12 years, son of one of our most respectable merchants, was presented to me by my friend, Dr. J. M. Wallace, under the following circumstances:

The two central upper incisors were caught behind the four front lower teeth, in such manner as that, when the jaws were closed, they were in consequence entirely concealed; this condition of the teeth not only had a tendency to force the upper ones, so situated, farther into the mouth at every effort of mas-

tication, but also to protrude the lower far beyond their natural arch, carrying with them the lower lip, much to the inconvenience and discomfort of the patient.

Having taken an entire cast of both sets of teeth, I discovered that to use the band and blocks, as described by Joseph Fox, would force the upper set entirely too far forward if they were made to overlap the under ones in their present condition; and if the more modern invention of fitting a metallic frame to the entire lower set, fastening it by ligatures to the back, or *molar* teeth, was applied in this case, it could only have a like tendency with the former plan. It was necessary, therefore, that the instrument used for this purpose should embrace merely the teeth at fault. I had only to take a cast of the four lower incisors, (the *cuspidati* not having made their appearance above the gum;) upon these I constructed my frame-work, soldered to the outer portion of which were two *inclined planes*, riding over the tops of these teeth sufficiently high and inclined inwards to strike upon the cutting edges of the irregular teeth at every attempt to close the mouth. This caused an outward pressure to the upper, and a contrary force to the under, teeth.

In conclusion, I am happy to add that it has been worn, with perfect comfort to the patient, for three weeks, in which time an entire remedy of this unseemly defect has been attained.

J. F. B. Flagg, M. D.,
Surgeon Dentist.

Philadelphia, May 25th, 1844.

Quarterly Report of the Obstetric Department of the Philadelphia Dispensary, for 1st, 2d, and 3d months, 1844. By Joseph Warrington, M. D.

Forty-two women have been delivered: forty at or near full term; one at the 7th or 8th month; and one at the 6th month of utero-gestation.

The average duration of labour in thirty-five was fifteen hours; the extremes being two and seventy-two hours.

The average amount of time required for the spontaneous delivery of the placenta, in thirty-six cases, was 18 minutes; the extremes being 5 and 60 minutes.

There were two instances in which the uterus remained in a state of engorgement, to a size reaching nearly to the umbilicus, for several days after delivery. They gradually diminished under the use of moderate frictions, with mild embrocations, bandages, and the usual purgation. These engorgements excited no constitutional disturbance.

Manual assistance was required for the delivery of the placenta in four cases, in consequence of the manner in which it presented the centre of its disc to the os uteri.

Ergot was given in one case to re-excite contractions of the uterus, which had become quiescent after its orifice had dilated sufficiently to admit of the passage of the child very readily. It was followed by rapid delivery of a large and healthy male child.

Hemorrhage occurred during the third stage of labour in two cases. It was instantly arrested upon the delivery of the placenta, which was effected by the introduction of one hand into the uterus, and the firm application of the other upon the abdomen.

There were two cases of metro-peritonitis. One occurring in a patient, who was easily delivered of a child which had died in utero some time before it reached the eighth month of development. In the other case, an early labour was followed by profuse hemorrhage before the delivery of the placenta. They both recovered under the use of antiphlogistic treatment.

Forty-three children, 30 males and 13 females, have been born; one woman having twins.

The cephalic extremity of the fetal ellipse presented in forty-one instances; the pelvis once; and both feet once.

Of the forty-one cephalic presentations, nineteen were noted to be in the first position; six in the second; one in the fourth; and four in the fifth. There was also one case in which the chin presented to the left acetabulum. The breech and the feet, each presented in the second position.

In one case of original fifth position of the head, spontaneous rotation occurred, and the occiput emerged under the arch of the pubis.

In another case of fifth position, the descent of the head appeared to be facilitated by pressing the forehead upwards under the arch, that the occiput could more readily slide down upon the plane of the sacrum, coccyx, and perinæum.

Forceps was used in two cases: in one, to assist the descent of the head through the cavity of the pelvis, in a feeble woman, who had formerly been treated with ergot; in one, to extract the head in a footling case, in which the whole labour had continued seventy-two hours.

One of the twin children had convulsions come on a few days after birth; it recovered under the use of small doses of calomel and carbonate of soda.

One child had hemorrhage from the umbilicus after the spontaneous separation of the cord. By the surgical skill of Dr. Goddard, the umbilical vessels were secured, but the child sunk from capillary hemorrhage; the blood, in a very fluid, uncoagulable state, oozing from the eyes, nose, mouth, and ears.

Five children were found to have died before delivery. In three of these, the cuticle was peeled off at several points; in one other, the cord prolapsed without pulsation, and the breech instantly followed; in the fifth case, there was no sign of life at the end of labour; the presentation being footling, and the head extracted by forceps; the first stage of the labour had occupied more than two days.

In the premature delivery at six months, the child, though alive at the moment of extrusion, soon afterwards expired.

The neck was found encircled by the cord in four cases; twice in two instances, three times in one, and five times in another; which so impeded the delivery, that it was not completed till, with the aid of the hand, the breech and the feet were brought down. The child was asphixied, but by careful attention it was resuscitated.

Sixteen of the patients who have been under our care, have received the aid of the Nurse Society, and for five others we obtained the assistance of the funds of the Philadelphia Lying-in Charity; and, by a recent arrangement with regard to these two institutions, it is hoped that more extended usefulness of these important collateral aids may be effected.

229 *Vine street, Fourth mo.* 1844.

Strumous Conjunctivitis.—Dr. Hocken recommends the application of the nitrate of silver to the *outside* of the lids, and De La Garde and Lanyon, who have adopted the method, approve highly of it.

CLINICAL LECTURES AND REPORTS.

JEFFERSON MEDICAL COLLEGE.

April 10, 1844.

CLINIC OF PROFESSOR MÜTTER.

[Reported by Edward R. Squibb.]

Inasmuch as the blind opposition of some surgeons has so much condemned the practice of Plastic surgery,—stigmatizing it as a cruel and useless multiplication of operations which are never heard of after,—it is desirable that the class should test its utility by results, and judge for themselves; there never having been a single case in which he had operated, designedly withdrawn from notice, the Professor wished therefore to call the attention of the class for a moment to

Case I.—That of A. D., æt. 19, who in a fight had lost the right ala of his nose, for the relief of which deformity he presented himself here. This was effected by an entirely new operation, as described at the time, (see report of last lecture,) and he is now presented for the purpose of exhibiting the result, which, even in its yet unfinished condition, presents but a very slight trace of the deformity; union by first intention having taken place throughout, without the intervention of any bad symptom whatever.

Case II.—H. æt. 14. Presents himself for the purpose of ascertaining whether anything can be done for the relief of his deformity.

This has evidently been a case of coxalgia; cured in the third stage, by the establishment of anchylosis with the limb in a semi-flexed position. Can any thing be done for such a case? First examine the limb carefully by placing one hand upon the pelvis, and with the other grasping the limb, attempt to make slight flexion and extension; if any motion, however slight, should be produced, we have only false anchylosis, and the limb, by the aid of proper apparatus, (Humbolt's,) may be straightened, and made so far useful. But if on the other hand, as in this case, the pelvis is found to move with the limb, let it alone; you can do it no good. If you put on the apparatus here, and by means of your screw rupture the bony anchylosis which has formed, you inevitably bring back the disease and implicate the life of your patient. We shall therefore advise this lad to get a high-heeled shoe and a cane, and do the best he can with his leg in the bent position.

Case III.—Patrick P., æt. 9. Has a scrofulous tumour involving several glands in the neck. The diagnosis in these cases is by this time so familiar, that it will be unnecessary to take up time in going over it; I will therefore only add, that these tumours sometimes point of themselves, thereby precluding the necessity of an operation; at others, however, they are found to burrow under the fascia of the neck, forming large collections of pus. To obviate this difficulty, it is always best to open them as early as practicable after the deposite has taken place; in doing this the incision should always be made transversely, in the line of one of the natural folds of the neck; this avoids all deformity which would otherwise occur from the conspicuous position of the resulting cicatrix.

The older surgeons, indeed as late as the late Mr. Abernethy, had a great dread of opening such abscesses, owing to the supposed liability to inflammation from the introduction of air into the cavity; to prevent which, they used needles, making small valvular openings; but this method has now given place to that of opening them by incision. As we know that no serious consequences are likely to result, we will order this to be dressed with a simple poultice, and place the patient under the treatment which has become almost routine in such cases, namely, iod. of potassium 3 grains, three times a day in a little comp. syr. of sarsaparilla.

Case IV.—Jacob H., æt. 14. Has an abscess discharging from an orifice in the lumbar region of the back. This, although apparently so near the spinal column, does not involve it in the least degree. It is evidently an abscess, whose extent, as indicated by the great depth to which the probe passes, is many inches outwards and forwards, dissecting up the peritoneum from the muscles, being influenced in its direction to the surface of the back, by the peritoneum which exercises in these cases the same office for the viscera which it surrounds that the periosteum does for the bone, both being often instrumental in the preservation of their contents from diseases involving the surrounding tissues.

This case has been under treatment by poultices of elm bark externally, and iod. of potassium as an alterative internally. The former will be continued, but the latter changed for the solution of iod. of iron, five drops three times a day.

Case V.—J. C., æt. 5. A case of double scrotal and umbilical hernia.

Having had occasion so often to speak on hernia before the present class, I shall not now enter upon it minutely, wishing to make familiar to all the mode of reduction, and the application of the trusses, remarking, *en passant*, that such scrotal hernias are liable to be mistaken for varicocele, enlarged testes, &c., therefore requiring some caution; also in the application of the instruments to get the pad in the proper position, to avoid making pressure upon the spermatic cord, and also the supervention of concealed hernia, the liability to either of which is precluded by placing the pad carefully over the internal abdominal ring.

Case VI.—Leah S., æt. 8. Hare-lip, with fissure in the hard palate, a case presenting unusual deformity in appearance, as well as great inconvenience in speech, &c. In cases where the fissure extends through the hard palate, it is always proper to close the lips only, at an early age; the pressure made by tightening the integument over the maxilla being often sufficient to effect the closure of the cleft without the necessity of a further operation; leaving the more difficult one of staphyloraphy or staphelo plasty, until the tissues shall have had time to become more firm, and therefore better adapted to the success of the operation; but more particularly should it be deferred, that the patient on arriving at years of discretion, say 16 or 17, may exercise a choice, after being able to appreciate the pain and value of the operation. The operation for simple hare-lip should be performed at as early an age as practicable, provided the child be strong and healthy; in cases of weak and sickly children, however, it must be deferred, as the blood does not in such cases contain a sufficiency of fibrin to ensure its success. I have seen many such cases in which it had been performed, where, on removing the pins, the edges separated like wet paper.

In the one now before us, the first step is to break up the adhesions which have formed between the lip and gum, by which we are enabled to bring the lip

and septum narium into their proper places;—the second, to freshen the edges of the fissure, making them square and even, up to the point at which we wish to limit the union, not being afraid of taking off too much, as there is plenty of tissue, (the curvilinear modification of Dr. Rhea Barton not being at all necessary in this case.) This accomplished, we next proceed to place the pins; I prefer those made by tipping common cambric needles with sealing wax, to the ordinary hare-lip pins of the shops, as being easier of insertion, and easier to manage afterwards; these are surrounded by figure 8 turns of the ligature, passing a turn or two of each ligature over the neighbouring pin to compress the intermediate parts, knotting each firmly.

Case VII.—Edward M., æt. 27. Has a large tumour under the sterno-cleido-mastoid muscle and fascia of the neck. In every case like the present, it is the duty of the surgeon to make every effort to discuss,—as the older surgeons would say,—the tumour, before subjecting the patient to the inconvenience and hazard of an operation of such extent as would be required in the case before us. Such means have been used here, but with the sole effect of softening the tumour a little, without in any degree checking the rapidity of its growth, which is such as now to require more effectual means for the relief of the patient. Before resorting to a cruel operation for the removal of a tumour of doubtful character, it is always proper to use a grooved needle for the purpose of ascertaining what may be its contents; thereby you may often save the patient from much unnecessary pain, and yourselves from learning this lesson in a less agreeable manner at some future day.

This small instrument, which gives the patient little pain, shows to us that this is but a sac of pus, bound down by the muscles and fascia of the neck; and that instead of a very severe and extensive operation, we shall only require a small valvular opening to evacuate the pus, which as you see flows quite freely, and the tumour immediately disappears; we shall have it dressed with an ordinary poultice, and order the patient to continue the use of the liq. ferri iod., three times a day.

Case VIII.—Mrs. ——'s child. With this case of chronic hydrocephalus, I will not detain you, as the time has already expired,—but merely remark that it will be placed under the new treatment which has been proposed for the relief of this affection, and exhibited at some future clinic.

BIBLIOGRAPHICAL NOTICES.

Annual Report of the Physician and Superintendent of the Eastern Asylum, in the city of Williamsburg, Virginia, for 1843. Richmond, 1844.

Twenty-seventh Annual Report on the State of the Asylum for the Relief of Persons deprived of their reason. Philadelphia, 1844.

We have on former occasions expressed the gratification we experience in common with our fellow citizens, in witnessing the number and excellence of the Institutions throughout the country for the relief of the Insane; and especially do we feel grateful for the happy results of the humane and benevolent treatment adopted in these institutions, so different from that formerly pursued, and, in too many instances, still in practice in some of the older countries.

Not a report comes to us that does not pointedly refer to this subject, and, in the language of benevolence and truth, exult in the successful triumph of the modern system. Instead of stripes and chains and the straight-jacket, rational occupation and amusements with "kindness and care, and a course of conduct springing from all the good affections;"—instead of the dungeon and the dirty cell,—the workshop, the drawing room, the lawn and the sweet parterre, are now the substitutes! And who does not rejoice at the change, even if it were followed by no better results. But experience, ample experience, has shewn that, far from restoring the shattered intellect, coercive treatment too often

> ———"puts out
> The eye of Reason, prisons, tortures, binds,
> And makes her thus, by violence and force."

The first of these reports is a pamphlet of 43 pages, well stored with facts and sensible remarks, evincing the vigilant attention of the physician and superintendent, Dr. John M. Galt, to all the concerns of the Virginia Institution, and especially his deep interest in the welfare of the afflicted subjects of insanity. We are informed by Dr. Galt that, "the number of patients who have been inmates of the Eastern Asylum since the first of January, (1843?) is one hundred and thirty five. Of these, eighty were males, and fifty-five females. Six of the male patients, and nine of the females, were coloured persons.

The number of patients on the first of January, was ninety-three, viz.: males fifty-seven, females thirty.

During the year, forty-two have been received; twenty-three of these were males, and nineteen females.

The number of the discharges is twelve, viz.: nine males and three females; one male and one female now in the institution are convalescent.

The number of the deaths is fourteen, viz.: nine males and five females; or about ten and a third per cent. The number of patients at present is one hundred and nine, viz.: males sixty-two, females forty-seven."

The other Institution, whose report we shall now briefly notice, is owned and controlled by members of the Society of Friends, mostly those of the Philadelphia Yearly Meeting. It is located about six miles from the City of Philadelphia, in the vicinity of the village of Frankford. The country around, is devoted to agriculture; the land is fertile, but high, and free from swamps, stagnant water, or other sources of malaria. The buildings are substantial and convenient, properly enclosed, and have a farm attached, from whence the Institution derives many of its supplies, as milk, butter, vegetables for the table, &c.

Originally, none were admitted as patients except members of the Society of Friends; but of late years, other respectable persons are received on the payment of a reasonable compensation, whenever the number of applicants belonging to the society is less than the institution can accommodate.

The report states: "There were forty-six patients in the Asylum, Third month 1st, 1843; forty-two have been since admitted, making a total of eighty-eight under care; being five more than last year. During the year, thirty-two were discharged, and four died. Of those discharged, seventeen were restored;—two much improved;—seven improved;—and six stationary. The number in the house on the 1st instant, (Third month, 1844?) was fifty-two, of whom three are restored;—six much im-

proved;—five convalescent;—two improved;—and thirty-six stationary; being mostly chronic cases, long resident in the house.

The average number of patients, per the monthly enumeration, is forty-eight and six-twelfths."

Charles Evans, M. D., is the attending Physician, and Joshua H. Worthington, M. D., Resident Physician.

THE MEDICAL EXAMINER.

PHILADELPHIA, JUNE 1, 1844.

TO CORRESPONDENTS.

In order to render the pages of the Examiner as interesting as possible, the Editor deems it necessary that each number shall embrace a variety of topics; consequently, he is compelled to avoid the insertion of long essays on any one subject, and especially such as abound in details and references which are not absolutely necessary for a proper understanding of the subjects on which they are written. While, therefore, he solicits from his correspondents and subscribers early accounts of interesting cases, epidemic and endemic diseases, and remarks on subjects of interest to practitioners generally, he requests that their communications may be prepared with as much brevity as is consistent with a clear exposition of the objects in view. Valuable papers are sometimes necessarily laid aside because of their great prolixity.

The following communication relates to matters of interest, not only to the Hospitals and Medical Teachers in Philadelphia, but to Students of Medicine and the profession at large. We had hoped that our friend of the Bulletin of Medical Science would have seen the necessity, after the use that has been made of his remarks, of correcting his own mistake, and so putting others right whom he has inadvertently misled. He has undoubtedly fallen into a great error in supposing that the clinics at the colleges—except on the occasion of some rare *displays*—have lessened the attendance of students at the hospitals. On the contrary, we have reason for believing that at no time in the history of Philadelphia were these institutions more resorted to, or the zeal and ability of the medical officers more energetically displayed, than within the last two or three years. The clinics at the colleges are not substituted for those at the hospitals, as some seem to suppose, but are in addition thereto. The consequence is that a multitude of cases are now exhibited and prescribed for, in the presence of the classes that attend at the Philadelphia schools, that never would appear in the wards of a hospital.

To the Editor of the Medical Examiner.

Sir,—I see it stated in certain of the medical journals of this country, on the authority of the *Bulletin of Medical Science*, published in this city, that the opportunities for clinical instruction at the Philadelphia Hospital were less numerous during the last session than previously. Can this be true? and is not the contrary the fact? A few years ago, but one course of lectures was delivered there—now there are two; and although most of the students of the University of Pennsylvania attend their own professors only; and those of the Jefferson Medical College theirs; it must be borne in mind, that the ticket admits them to both, although it includes omnibus fare for one only. The opportunities for clinical instruction are, in reality, twice as numerous there as they were five years ago; and whatever objection may be made to the new system of clinical teaching, in surgery especially, connected more immediately with the two medical schools, it cannot be contested, that opportunities for such instruction are more frequent and various now than they have ever been. Where classes are numerously attended, the difficulties in the way of a proper plan for clinical instruction are weighty: they are forcibly felt by the parties concerned; yet because such difficulties exist every where, it is not just or commendable to depict them in such a manner as to make it appear that they apply to Philadelphia exclusively; and to underrate,—doubtless, from ignorance of the true state of the case, with which the editor might, however, have readily made himself acquainted,—the eminent advantages that Philadelphia possesses as a seat of clinical instruction. Let any evil that exists be corrected, but certainly not exaggerated.

Armoster.

Philadelphia, May 24, 1844.

We have received the second number of the *Illinois Medical and Surgical Journal*, a new monthly publication, from the press of Ellis and Fergus, Chicago, Ill. It is under the editorial management of Dr. Blaney, one of the Professors of the Rush Medical College, recently established in that place. The commencement of such a work in that remote section, betokens a spirit of enterprise in our western brethren worthy of success.

RECORD OF MEDICAL SCIENCE.

We cannot deny ourselves the pleasure of laying before our readers the following remarks of the celebrated Velpeau, on a subject that interests every physician who regards the dignity of science and the honor of his profession. "*Specialties*" are coming into vogue here, not less than in the cities of Europe; and those who are looking that way, will do well to consider in what light the subject is regarded by those who are capable of appreciating such conduct, but who are above stooping to embrace it.—Ed.

ON DISEASES OF THE EYE.

BY PROFESSOR VELPEAU.

Introductory Lecture.—These diseases are extremely frequent, and the truth of this assertion may be verified daily in the hospitals; but as many practitioners make mistakes, it may not be uninteresting nor useless to pass them in review; and, at the same time, I will add some further details to those which I gave in my lectures some years ago. The eye being one of the most important organs of the animal economy, naturally, practitioners in all ages have studied its diseases attentively, and placed them in a category separate from other disorders. Thus, we find the germ of this specialty in the writings of the Hebrews and Egyptians. Reasons have been urged for and against this tendency, but these being foreign to our subject, need not here be discussed. If we reflect for an instant on the organization of the eye, we shall easily conceive why it and its appendages (the eye-lids, vessels, nerves, muscles, and lachrymal ducts,) are so frequently the seat of disease; and being composed of elements differing essentially in their nature, are consequently susceptible of producing disorders, *sui generis*. For instance, do not the eye-

lids offer in their composition tissues very different from each other? Do we not find there integuments of a peculiar nature, cellular and muscular tissues, cartilages, glands, and eye-lashes, (these last themselves formed of various elements;) and on their inner surface a mucous membrane, with its follicles and *villosities*? What a diversity of elements! Again, if we examine the lachrymal organs, we find the puncta, ductus, and saccus lachrymalis, the ductus nasalis, and the glandula lachrymalis. And for the eye itself, the conjunctiva, the sclerotica, the cornea, the choroidea, the retina, the iris, the crystalline lens and its capsule, the aqueous humour, the vitreous humour, and the hyaloidea; all these contained in an organ not larger than a walnut. But these parts are not separated from each other; on the contrary, they cross, and are closely united to each other. Now, it is generally admitted that these several parts may be the seat of diverse lesions, for the conjunctiva may be affected by the various forms of inflammation, and it is the same with the other elements which compose the organ.

These diseases offer several peculiarities worthy of notice. 1°. They may have their seat in the surrounding, or the component parts, of the eye, and may, therefore, be divided into external and internal. In the former they are visible; and consequently, the diagnosis is easily established; whilst in the latter, the difficulty is greater, and errors far more frequent. 2°. The consecutive accidents are very different from what is observed in the diseases of other organs. Thus, in the different viscera, inflammation may take place, and terminate by resolution, even when pus has been formed. This is not the case in the eye; for though the patient may be perfectly well in other respects, still he may lose his sight from the opacity produced in certain parts of the eye by the previous affection. The eye may, therefore, be considered as a special organ, and this accounts for the tendency of certain practitioners to make it the object of a specialty in medicine, which is, I do not hesitate in saying, highly dangerous. Doubtless, the advancement of science, and the good of mankind were the "*primum mobile*" of these authors, and no one would think of raising his voice against so praiseworthy an intention. But there is another motive why in medicine men adopt a specialty, a motive which, while excusable in other professions, is *beneath* one whose object is so noble as ours. In a word, in adopting a specialty, the aim of the individual is to place himself in a position to gain money; whilst that of the physician is, or ought to be, the relief of his fellow creatures. In acting otherwise, our noble profession is assimilated to a mechanical art, in which the artisan seeks his own interest, not that of his fellow creatures. The medical profession can never be considered as a business. But what occurs, in general, when an individual creates a specialty? He reads all that has been written on the subject; after which the object of his studies becomes disagreeable, however pleasing it may have been at first; and then, either he chooses another subject, which is certainly the most honourable, or he endeavours to turn to profit the knowledge he has acquired, and in order to attain his end, he must employ the necessary means. Thus, he must endeavour to make the public believe that he knows more than his colleagues, like a manufacturer who publishes that his merchandise is the best. Concealing the cases in which he fails, he vaunts his successes, loses thus the scientific honesty and true courage of the savant, and the works which he publishes, though perhaps containing excellent and instructive matter, are no longer of use to the scientific man, who dare not adopt them for fear of being led into error. But "*specialists*" pretend that as they have passed their life in studying a given subject, they ought to know it better than those who study all the diseases which affect the human frame. This opinion has not only been received among the public, but has also been adopted by many members of the profession, and yet however correct it may appear, it can easily be proved erroneous, for there is no part of the human frame which can be separated from the rest with impunity. Can the eye be considered as foreign to the organism? On the contrary, is it not the model of all other systems, as we find in it all that is to be met with elsewhere? Is it necessary to give a proof that what interests this organ, interests the rest of the economy? Are there not diseases of the eye which are produced by a carious tooth, by certain conditions of the brain, the liver, the lungs? Now, if an oculist neglected studying the disorders of these parts, how can he cure those of the eye. Thus, whilst in all ages, specialties have fallen to the lot of men of mediocre talent, those whose endowments are greater, and whose intelligence is more highly developed, concentrate the activity of their mind, first on one subject, and then on another, without studying one to the exclusion of all others. But it would be hardly worth while occupying ourselves with this question, were it not that I wish to lay before you the tactics of these individuals. If unknown, they have a patient whom they wish to show you, a new mode of operating which they ask leave to try, not publicly, but in your presence only. If they are in vogue, we have quite a different affair. They, and they alone, know how to cure diseases of the eyes; an opinion shared by numbers of our brethren, who, by advising their patients to consult these persons, aid this *manœuvre*, which really ought not to be considered as forming part of the conduct of a conscientious practitioner. And now, as far as concerns oculists, let us examine the pretensions they have the courage to emit as to their having promoted the science. To whom are we indebted for the different operations performed on the eye? To Pott, Scarpa, and Dupuytren for that of couching; to Richter, Wenzel, Boyer, and Professor Roux for that by extraction. In England, we find among those who have particularly distinguished themselves, Cheselden, Guthrie, Travers; Mackenzie (of Glasgow,) whose treatise is so highly and so deservedly esteemed, is not an oculist; as to Bier, what he left, is, comparatively speaking, of minor importance. Thus, it is evident that we owe the four-fifths of what is really useful on diseases of the eyes, to surgeons, not to specialists. Have we not, from surgeons, numerous articles in the different "dictionaries" which of late years have been published in France? Have we not, in Boyer's treatise, a volume in which these disorders are described? Again, there are few clinical professors who do not daily study them, and I myself delivered, some years ago, a course of lectures on this subject, at la Pitié. These preliminary remarks are sufficient to show how necessary it is for every physician to study diseases of the eye.

Some oculists have asserted that it is possible to discover from the nature of the disease, the constitution of the patient; thus while one kind of ophthalmia is of a scrofulous nature, another is of an hemorrhoidal, an hepatic, a varioloid, &c. This idea is but the reproduction of that of Sauvages, who considered these diseases as of a peculiar nature, and recommended a method which teaches us to study a class of disorders as we would plants, and which I have long since combated, not only because I con-

sider it erroneous, but likewise because I think it dangerous. There is another point, as yet very obscure, but which I hope to elucidate in these lectures, viz., that no disease exists to which the prefix of scrofulous, rheumatismal, and such like, ought to be attached. Let it not be supposed, however, that I deny the existence of a scrofulous or rheumatismal taint; what I mean shall be explained as I proceed. All that I will say to-day is that ophthalmia in scrofulous patients is modified, as when it affects persons of a sanguineous or nervous temparament. But in order to prove beyond a doubt how erroneous the opinion is, which attributes such and such a disease of the eye to such and such a constitution, we need only examine a scrofulous person attacked with pleuritis, pericarditis, or any other disorder, and see if we discover any material difference in the symptoms. Who would ever think of calling pleuritis in such cases scrofulous pleuritis? Doubtless we must not omit, in studying the affection, to examine of what constitution a patient is, but I think it impossible to discover it from the examination of the eye. This organ, as we have already stated, is composed of numerous tissues, which may be affected separately or conjointly. Now when we say such an individual presents a scrofulous ophthalmia, we do not indicate what tissue is affected. Such a doctrine would lead to the supposition that the disorder, inflammation for instance, does not differ according to the tissue, or that the knowledge of the precise seat is of no importance whatever.—*London Medical Times.*

MR. PAGET'S REPORT CONCLUDED.

Age of puberty in girls. Mr. Roberton of Manchester, in continuation of some former papers, the object of which was to prove that the age of puberty is as early in the cold as in the tropical regions of the earth, and that the early fecundity in Hindostan and other warm countries is only the consequence of early marriages, proceeds now to show, that in all countries alike, early marriages (and early fecundity) are always connected with moral and political degradation, as exhibited in bad laws and customs, the enslavement more or less of the women, ignorance of letters, impure and debasing systems of religion; and that they bear no relation to the climate of the country.

His evidence is extensive and very interesting; and the conclusions he arrives at are, 1. That in England, Germany, and Protestant Europe in general, early marriage, i. e. marriage about the age of puberty, is comparatively rare. 2. That early marriage prevails among the uncivilized tribes within the arctic circle, as it likewise does in *all* cold countries, the inhabitants of which are in a state of ignorance and moral degradation. 3. That throughout European Russia, which is confessedly low in civilization, extremely premature marriage was the universal custom at no distant date. 4. That at the present day, in the most southerly countries of Europe, where the people are immersed in superstition and ignorance, marriage is early. 5. That in Ireland, which as to its moral condition somewhat resembles the last-mentioned countries, the marriage union takes place among the Roman Catholic population almost as early. 6. That in England, about two centuries ago, when debasing political and social circumstances combined to favour the practice, early marriages were general, at all events in the upper ranks. 7. That in all the countries to which reference has been made, juvenile marriage is invariably seen as an attendant upon ignorance and moral debasement, and this without reference to *climate*. 8. That consequently it is allowable to infer that early marriage in oriental countries (which has generally, but without any proof, been ascribed to precocious puberty,) depends solely on the same moral and political causes as produce it elsewhere; more especially as those very causes are well known to exist at present in an aggravated degree in all oriental and intertropical countries.

These conclusions are probably in a great measure true; yet that the commencement of menstruation and of fecundity does bear some relation to the latitude and average temperature, appears to be proved by the following table, in which M. Raciborski gives his results as to the average age at which menstruation commences in different countries and towns:

Name of Town.	Latitude.	Age at first menstruation.	Mid. Temp. of the year.	No. of Observations.	Observers.
Toulon	43°	14·081	15°	43	Marc d'Espene.
Marseilles	43	14·015	15·	25	Ditto.
Lyons	45	14·492	11·6	160	Bouchacourt.
Paris	49	14·465	10·6	200	Raciborski.
Gottingen	52	16·038	8·	137	Osiander.
Warsaw	52	15·083	9·2	100	Lebrun.
Manchester	53	15·191	9·6	450	Roberton.
Skeen	59	15.450	6·	100	Faye.
Stockholm	29	15.590	5.7	102	Wistrand.
Swedish Lapland	65	18·	4·		Wretholm.

In general, therefore, the period of puberty is later in nearly the same ratio as the latitude is higher: for each degree of the one the other is retarded about a month and a few days. And the lower the latitude, the more frequent are the examples of precocious appearance of menstruation.

A still more exact relation is between the date of first menstruation and the mean year's temperature; as may be seen by comparing Warsaw and Göttingen, Göttingen and Manchester, &c. M. Raciborski adds that *race* often determines the period of first menstruation. The children of negroes born in England menstruate as early as their parents; those of Europeans born in India as late as their parents. To determine how far circumstances of climate could countervail the influence of race, M. Raciborski obtained information respecting the period of menstruation in Jewesses in Poland, from M. Lebrun, médecin-en-chef of a hospital in Warsaw, and found the mean period in Catholics 15·83, in Jewesses 15·89; (100 observations of each race;) showing that the influence of race remained after ten or more centuries. And in like manner the menstruation ceases sooner in Polish Jewesses than in Sclavonian women, lasting in the former on an average $29\frac{2}{3}\frac{8}{3}$ years, and in the latter $31\frac{6}{3}\frac{}{3}$ years.

There is a difference also, dependent, probably, on numerous causes, between the women of Paris and those of villages a league and half or two leagues from Paris, though both have a similar soil, temperature, &c. In the villages the average age at first menstruating is 15·020 years, in Paris 14·465.

M. Raciborski has also published an account of the age at which menstruation ceases. At Lyons the average age is between 45 and 50; at the Salpètrière, in 100 women, the average was 46·03; at Warsaw, 47·05; at Christiana, 48·07. As a general rule, the greater the number of children borne, the longer is the continuation of menstruation; and the earlier the commencement of menstruation, the greater the number of children and the later the cessation.

Changes in age—Varia. A remarkable example of vigour in most advanced age has been observed in M. Rochard, a musician, 107 years old, on whom Mr. Cæsar Hawkins successfully operated for strangulated hernia. The hernia had been strangulated upwards of thirty hours: the wound united by the first

intention, except where two ligatures hung out, and in a fortnight after the operation the old man was as well as before it. He has since died.

M. Ruelle, of Cambrai, has recorded an example of precocious virility. A child, three years and a quarter old, muscular and strong as one of eight, has all his male organs of the full adult size, with long black hair on the pubes, and under excitement discharges semen four or five times daily. He has also a full male voice, and dark short hair on the cheek and upper lip.

A contribution to the knowledge of the effects of the air at great heights in the atmosphere, and a confirmation of most of the results which have been already obtained are furnished in the observations made in an account of an ascent of the 'Grosse Venediger,' a mountain upwards of 11,000 Austrian feet high, in the southern border of Oberpinzgan, by Dr. F. Spitaler. The party ascending consisted of forty persons, of whom twenty-six only accomplished the feat. The chief effects produced were, 1. On the respiration, which in all became rapid and difficult, and was greatly hurried in exertion, and in some amounted to agony, so that from mere dyspnœa they were compelled to return: one also had slight hemoptysis. 2. On the pulse, which became small and weak. 3. On the secretion of urine, which was remarkably diminished, so that among the whole forty persons, during between eight and nine hours' walking in a temperature only just above freezing point, urine was passed only nine times. 4. On the cutaneous exhalation, which (though the invisible evaporation was probably much increased,) did not once appear as sweat. 5. On the heat of the body. All had the sensation of intolerable cold, though actively exerting themselves and well clothed, and though the temperature was 4° or 5° R., and the weather nearly calm. This was felt, however, only when they had ascended above 9000 feet: below it, although the temperature was not higher, the sensation of cold was less painful. 6. On the muscular power, which was, in all the party after they had nearly attained the height of 1000 feet, exceedingly prostrated. Some were from utter fatigue obliged to give in, some could not even stand, and of those who went on none could walk more than twenty or, at last, more than ten steps without stopping to rest. In some these signs were accompanied by ringing in the ears, in some by nausea and even by vomiting, in some by utter carelessness of life; not one reached the summit except in a state of complete exhaustion. And all this was far from being the kind of fatigue consequent on extraordinary muscular exertion; for several of those who could not attain the summit, and of those who did so only with difficulty, descended in good plight, and walked on for many hours with scarcely a complaint of weariness.

The influence of the increased brightness of the sun's light was very marked. The clear, deep blue of the most beautiful southern sky was far surpassed in beauty; and though all the party wore dark shades or vails, all suffered from pain and inflammation of the face and eyes, and of every part which was at all exposed to the action of the sun.

Dr. D. D. Owen has given a detailed account of he impressions of two human feet found on the surface of a slab of limestone, from the specimen described by Mr. Schoolcraft in 1822, and by Dr. Mantell in his 'Wonders of Geology.' The slab of limestone was taken from a rock which was exposed at the very margin of the Mississippi, opposite St. Louis, but only during very low water, such as does not happen more than once in ten years. It is a soiled mass, upwards of a ton weight, of a purple and grayish tint, containing numerous shells, species of producta and pentromytes. The impressions are so exactly like those of feet set upon a soft mud, that it is difficult to imagine that they can be a work of art; yet Dr. Owen thinks the difficulties of this hypothesis less than those of that which ascribes to them an existence before the limestone had hardened.

ON ALBUMINURIA, OR BRIGHT'S DISEASE.

The following case, which occurred in the wards of M. Piorry, furnished this distinguished professor an opportunity of pointing out to the students who attend his clinical lectures, how useful plessimetry is in establishing the diagnosis. M. ——, ætat 45, strong constitution, suffering for a twelvemonth past from Bright's disease, for which he had already been treated in several hospitals. On the 25th February, 1844, he was received in the wards of Professor Piorry, at the *Pitié*, and presented the following symptoms:—The pain which existed in the lumbar region has, the last two days, increased considerably; the quantity of urine passed in the twenty-four hours is not more than lbiss.; it is pale, thick, of a disagreeable smell, and forms, on cooling, a filamentous, flaky deposit. When nitric acid is added, an abundant white sediment is precipitated; and when heated in a glass-tube, the coagulum formed is considerable. Fever; pulse 120, strong; no anasarca. The results obtained, on examining by percussion the kidneys, differed;—thus, on the right side, the organ is of the natural size; whereas, on the left, it had considerably increased. The diagnosis thus established, the patient was ordered to drink freely about fourteen to sixteen pints of tisanne daily; but this treatment, instead of alleviating the sufferings of the patient, on the contrary aggravated them; and what is still more remarkable, by percussion, the right kidney was found to have become twice the size it was when previously examined. This effect, caused by liquids drunk in large quantities, has as yet never been recorded. The next day all liquids were forbidden, the patient was put on a *dry regimen*, and from this moment the quantity of urine decreased, and, two days after, the kidney had diminished to its primitive size. The albumine, which had increased in quantity, as soon as the patient drank so much, on the contrary began to decrease when he was prevented taking any liquid—so much so, that in eight days, nitric acid and heat showed that the urine contained a very small quantity. The fever had disappeared, and the patient appeared in a very fair way of recovery. His diet was composed exclusively of roast meat, and in order to quench his thirst, he was ordered to take a few drops of water in his mouth, and then spit them out. Ten days after his entry, he complained of smart pain in the right fossa iliaca, which seemed to follow the direction of the ureter, for which twenty leeches were applied, and afterwards emollient poultices. The patient remained in this state a fortnight longer, when all at once he was taken with violent pain in the præcordia, accompanied with intense dyspnœa and fever. By percussion the dulness in this region (about six and a half inches transversely, and nearly six vertically) was found to be considerable; the hand placed on this part did not feel any tremor. Auscultation in-

dicated the presence of the friction sound, masking completely the first sound of the heart, and continuing nearly the whole of the first interval; the harsh sound offers its maximum of intensity over the right ventricle, near the left border of the sternum. Nothing abnormal in the large vessels. Evidently the patient was now affected with pericarditis, and notwithstanding an active anti-phlogistic treatment, he died five days after.

Post Mortem Examination.—The two kidneys had had increased in size; the adipose capsules which envelope them were rather increased in size, and adherent. When cut into, the cortical substance was found to be pale, of a yellowish tint, with slight traces of injection; no granulations. Each kidney presented, at its upper extremity, a cyst filled with serosity, of the size of a small walnut, which had developed itself in the cortical substance: several others, of the size of a pea, were disseminated here and there. The tubular substance healthy. In the right fossa iliaca, in the spot where the patient experienced such pain there existed under the aponeurosis, and in the substance of the iliacus internus muscle, an abscess, which offered no connection whatever with the disease of the kidneys, and whose cause was unknown. The infundibula, the pelvis of the ureters, and the ureters themselves, healthy. Finally, on examining the heart, all the characteristic signs of pericarditis were discovered.—While on this subject, we may notice an article published in the last number of the *Journal des Connaissances Medico-Chirurgicales*, in which the writer, after enumerating the different authors who have studied this disease, from the days of Hippocrates down to the present time, classes the different varieties under the following heads:—1°. Albuminous nephritis perfectly characterized.—2°. Albuminuria without nephritis, but complicated with dropsy.—3°. Albuminuria without nephritis or dropsy.—And concludes—that Albuminuria is a humoral disease, produced by a peculiar alteration of the blood and of the renal secretion,—that it is not absolutely necessary that the kidney should be altered in its texture to give rise to this disease,—that the blood is generally changed in its composition, let the origin of the disease be what it may,—that when the albuminuria is not caused by nephritis, it is owing to disorders which act on the whole system, such as cancers of the uterus and stomach, typhoid fevers, phthisis, scarlatina, chlorosis, &c.,—that it may be asked whether, in albuminous nephritis, albuminuria does not precede the lesion of the kidney, especially when this takes place after scarlatina,—that the divisions here established may become important in a therapeutical point of view, and albuminuria possess special remedies, as chlorosis, &c. In the meanwhile its history, though still incomplete, is an important addition to that of humorism, renovated and enlightened by chemistry and pathological anatomy. The discovery made by Bright is one of the most useful of the present day, and is sufficient to immortalize his name.—*London Medical Times.*

POLYPUS UTERI.

M. Lisfranc makes the following remarks on this disease:—When polypus uteri is complicated with anemia from repeated hæmorrhage, and when the least loss of blood may occasion fatal consequences, it is impossible to use the knife for its removal, on account of the hæmorrhage which may ensue; or the ligature, because, it may cut the pedicle like a knife, or may include a portion of the uterus when the pedicle is formed wholly or partly of the tissue of that organ; or it may be applied, but with considerable difficulty, and produce serious accidents; and, finally, it may give rise to injurious effects from the presence of the instruments in the vagina, and the fœtid matter resulting from the sphacelus of the tumour. I would advise the following treatment, varying it according to the seat of the polypus.

Polypus situated in the vagina.—If the strength is not too reduced, the tumour may be removed, but if hæmorrhage exists and the size of the polypus be such as to permit its being reached, it ought to be cauterized with the protonitrate of mercury so as to stop the flow of blood; this attained, the patient gradually gains strength, after which the customary operation may be performed with infinitely less danger. If, on the contrary, the tumour is so large as to render it impossible to cauterize the whole surface, the ligature must be employed.

Polypi contained partly or entirely in the uterus.—In the former, after introducing a speculum, the part contained in the vagina must be cauterized; this I have always found sufficient to stop the hæmorrhage. In the latter, the cervix uteri must first be dilated and the proto-nitrate employed; the blood ceases to flow almost immediately, though but a very small portion of the polypus be cauterized: this is easily explained, it being pressed on all sides by the uterus, and the blood can only proceed from the part corresponding to the cervix uteri. When the cauterization checks the hæmorrhage, the polypus ought not to be removed before the strength of the patient be such as to preclude all danger; should it however not suffice, the ligature must be applied immediately. It sometimes happens when the polypus is entirely in the uterus, that the hæmorrhage continues to such an extent as to put the life of the patient in danger, and that it is impossible to dilate the cervix. Here death may ensue if relief is not procured; consequently, the cervix uteri must be seized with a sharp hook (erigne,) drawn gradually and gently down to the labia pudendi and divided, after which the ligature, knife, &c., may be employed according to circumstances. In these last, the danger is greater and relapses more frequent than when the tumour is in the vagina.—*Ibid.*

MALIGNANT DISEASE OF THE HUMERUS.

Mr. Newnham has published in the *Provincial Medical Journal* the case of a young man, seventeen years of age, in whom the disease occurred consequent on an injury received while playing with his sisters. Mr. Newnham, who saw him at that time, considered the accident to be merely an undue stretching, or perhaps a rupture, of some of the fibres of the deltoid, and prescribed accordingly, but some months afterwards the lad was taken to see a surgeon of eminence in town, in consequence of the arm being powerless, and painful when placed in certain positions, and also because any shock communicated to the arm gave great pain. The opinion then expressed was that there was a fracture of the neck of the bone, the surgeon judging from the round orbicular projection of the deltoid, the pulling or drawing forwards and inwards of the shaft, giving a remarkable width to the joint, the perfect facility of communicated motion in all directions, the pain of overhand motions, and the patient's incapacity of performing them but by a jerk from the trunk, and never without pain, while the plainness of the fissure, the pain on pressure, and the very perceptible crepitus, left no doubt on his mind as to the existence of fracture. The limb was accordingly put upon splints, and three weeks afterwards, on a renewed examination, the

surgeon came to the conclusion that the process of union had firmly commenced, and that the fissure was considerably less perceptible. With this opinion Mr. Newnham did not coincide. He was fully of opinion that there was not any fracture, and the result justified him in his belief. The disease meanwhile made progress; the splints were of necessity removed, on account of inflammatory action, which had supervened, on the subsidence of which considerable enlargement of the upper part of the bone, attended with exquisite pain, was detected. Fluctuation afterwards becoming evident, a fine lancet was inserted, but only a few drops of intensely black blood came away. The suspicions previously entertained of the existence of malignant disease, were now confirmed by a consultation, at which amputation was decided against, from the situation and extensive connexions of the disease. The treatment employed did not seem to exert any influence on the disease; the tumour continued to increase daily, fungoid growths sprung up through the opening that had been made, and through spontaneous ulcerations, and finally, the poor fellow died, utterly worn out by pain and exhaustion. When the body was examined after death, there was a large swelling of the right shoulder and upper arm, measuring thirty-two inches in its largest circumference, from which protruded three fungoid excrescences. The tumour, which had been tense and firm, had become soft, and evidently contained much fluid matter, which was evacuated partly by puncture, and partly by being ladled out by a teacup; in this way about six pints of a thickish dark-coloured grumous matter were removed; as also three small and undefined portions of bone, not yet thoroughly decomposed. In this fluid matter was also found in a state of ulceration, the cartilaginous structure which had originally formed the covering of the head of the humerus in the glenoid cavity; no trace of the head itself was discernible, nor were there any traces of muscle; the remaining more solid mass consisted of that kind of encephaloid degeneration which is usually found in this species of malignant tumour. Two thirds of the shaft of the humerus were gone, and of the remaining third one-half was in a rapidly advancing state of decomposition. Of the scapula, the acromion process had been consumed, the coracoid partially so; the first, second, and third ribs were deprived of their coverings, and were perfectly rough and scabrous. About two-thirds of the clavicle were also involved in destruction. Encephaloid tubera were found in the lungs, liver, mesenteric glands, and kidneys. The head was not examined. —*Ibid.*

THE USE OF THE ALCOHOLIC LOTION IN PHTHISIS PULMONALIS.

Dr. M. Hall says that this lotion possesses a power in checking the progress of the deposition and softening of tubercle in the lungs, beyond any other which he ever tried. The number of patients who have recovered from incipient phthisis under its use, and who, after many years, are still living, and in apparent health, warrants him, he thinks, in making this assertion, and in expressing himself in strong terms in regard to its extreme value. It is to be constantly applied by means of six folds of linen over and across the upper lobes of the lungs. One part of pure alcohol is mixed with three parts of water. It is applied tepid at first, and afterwards of the temperature of the atmosphere. It is used in small quantity at a time, every five minutes, so that the application may always consist of alcohol and of water. (If applied in larger quantity, and less frequently, the alcohol would evaporate, and water alone be left, and this would be the source of a feeling of discomfort, instead of the glow which the alcohol induces.) The application is easily made; a piece of soft linen, of the size of a very large sheet of letter-paper, being folded in the usual manner, is then folded twice more, in lines parallel with the first, so that the whole consists of six folds. These are stretched, applied across the upper part of the thorax, just below the clavicles, and fastened to the shoulder-straps, or other part of the dress, which latter is to be arranged so as to be readily opened and closed. A sponge, the size of a walnut, is then filled with the lotion, and pressed upon the linen along its whole course, the dress being opened for this purpose, and immediately closed. The operation need not occupy five seconds; it should be repeated every five minutes. The application of the lotion should be incessant during the day, and all walking hours, the dress being light, or even entirely removed, so as to allow of free and rapid evaporation. It is to be suspended during the night. Dr. Hall mentions briefly several cases in which this lotion appeared to do good, and he begs to be understood as stating only the fact, that he has witnessed many, very many cases of incipient phthisis checked by the strenuous application of the alcoholic lotion, and the patients restored to apparent health; these cases having been proved to be phthisis by the presence of the physical signs, as well as the morbid symptoms of this dire disease. Neither does he recommend it as a cure for phthisis. He thinks it the most important remedy in this disease which we possess; but he would by no means neglect any of the other well-known aids in the treatment of phthisis. Of these, change of air, free exposure to the sea-breezes, a sea voyage, a mild climate, a chalky soil, a locality screened from the north-east winds, gentle exercises, especially on horse-back, a meat diet, with a little of Bass's ale, perhaps, but without other stimulus, the system of sponging with sea water, or salt and water, or vinegar and water, light clothing, with flannel next the skin, &c., the plan recommended by the late Dr. Stewart, &c., constitute the additional remedies to be adopted in the treatment of phthisis.—*London Lancet.*

COLOURED SALIVA.

The saliva sometimes presents a blueish tinge, under the continued use of acetate of lead; it has been known to assume a deep blue tint when indigo has been largely administered, and has yielded indigo on the application of heat to the dried residuum. The heat required is about 550°, and the indigo sublimes in acicular crystals. In the advanced stages of fever and purpura, Dr. Wright has also seen it of a deep blue colour, resulting as he believes, (for he did not examine it chemically) from the presence of Prussian blue, due to the spontaneous decomposition of the blood. The saliva often exhibits a great variety of colours, from a light red, or brown, to a deep purple, or black, in cachectic diseases, and in putrid fevers. These shades of colour, Dr. Wright also refers to the presence of blood in various stages of decomposition, though both the microscope and chemical analysis usually fail in recognising any of the distinctive characteristics of genuine blood. In the mesenteric diseases of children, in various forms of scrofula, and in malignant diseases affecting the abdominal viscera in elderly people, the saliva is not unfrequently of a fawn colour, and excessively offensive to the smell. In these cases, the colouring matter is generally due, either to the ptyaline being depraved, or to the pre-

sence of an oily fluid. A casual discolouration of the saliva often arises from the use of certain medicines, such as rhubarb, cochineal, &c., which may sometimes continue long after the use of the medicine has been discontinued.—*Ibid.*

HÆMORRHAGE AFTER PARTURITION.

Dr. John Hall Davis narrates a case of flooding occurring both before and after the removal of the placenta, which was arrested at first by a large draught of cold water, and finally by the application of the T bandage and a compress. The patient did well. He concludes by observing, that in the management of this case, which required much personal exertion, he was entirely deprived of the services of the party previously in attendance, who, frightened at the serious aspect which the case put on, had taken to his heels before his arrival, and never returned.—*Ibid.*

THE MIDWIVES OF GREECE, AND THEIR REMEDIES.

By X. Landerer, M. D., Professor of the University of Athens.

The ignorance and superstition of the Greek midwives are very injurious to their patients. Their remedies are curious, kept secret, and are employed without consulting the physician. They consist either in such as promote menstruation, or in such as remove sterility. To promote menstruation, they use strong emmenagogues, as aloes, crocus, and rubia tinctorum, and they consider fresh resin of firs, prepared with turpentine, an infallible nostrum in these cases, and administer it, made up with bread into a sort of bolus, weighing about one drachm. Should this dose not have the desired effect, they administer a second and a third, and recommend draughts of camomile tea, or decoction of matricaria parthenium, or of herba aurantiorum, to be taken afterwards. They also use, for the same end, vapour baths in the following way:—The patient is placed on a close stool, filled with boiling water, in which rue and orange leaves are digesting. After she has been exposed for some time to the vapours, she is brought to bed, and receives some cups of rue tea. This last mode is said to fail very rarely. Their treatment of *sterility* is more dangerous. As a general rule, the barren female seeks first the assistance of midwives, who generally employ violent and exceedingly stimulating remedies, introduced at once, *per vaginam*. Among others, they use boluses of myrrh, camphor, oil of camomile, pinks, and cinnamon, cotton *tampons*, with tincture of castoreum, moschus, and even cantharides! Onions, garlic, vapour baths, with herbæ rutæ, and fresh orange leaves, are also used. This unwarrantable treatment is often, of course, followed by dangerous local inflammations. In difficult and protracted labours, they often administer brandy or rum, with pepper and cinnamon, in such doses as to intoxicate the patient. The oil of almonds is also much used. *Some midwives are in the habit of shaking the patient very violently, in order to promote delivery.* The new-born child is nursed in the usual way, with the exception that the midwives consider dangerous—cleanliness, frequent washing, and combing. All diseases of infants are, according to midwives, caused by colic, and *syrupus rhei* is given as a specific. If the child becomes very restless, they give it poppy-juice, which they prepare themselves from the papaver rhœas. If the child remains still restless, they give it a panada prepared from wine and biscuit. The children, of course, become intoxicated, and often lie for days and nights in a soporific state. The abuse of these remedies, and the excessive swathing of the children, are, no doubt, the causes of so many of them dying by hydrocephalus. If the child cannot be pacified by opium, nor by its vinous food, it is supposed to suffer from flatulence. To remove this, the midwives perform an exceedingly cruel operation; namely, the inversion of the navel. They bore a finger into the navel of the child, and turn it round several times. The cries of the children show the incredible pains caused by this operation, which, however, generally removes the flatulence. Umbilical ruptures are thus often caused. We know, that in consequence of determination of blood towards the abdomen, the movements of the living fœtus are sometimes not felt by the mother. In such cases, the Greek female immediately applies to the midwife, who roasts a few pieces of cheese, which she lays on the belly in the form of a cross, and makes the patient eat some of it. Should the child not move now, a second remedy is employed, which consists in boiling dates, and binding them on the belly. Should both these remedies fail the life of the child is despaired of. The midwife, resorting to her last resource, takes a mouthful of rum or brandy, and spirts it with force in a fine stream through the teeth on the naked belly of the pregnant woman, whose eyes are generally blindfolded to prevent her from witnessing the operation. This remedy, I have been assured, according to the assertions of many women, is infallible, and promptly elicits the child's movements, if it be alive. To *promote the secretion of milk* in the suckling woman, the Greek midwives chiefly use the *milk of hazel-nuts*. The hazel-nut kernels are made into an emulsion with melon-seeds and sugar. *In three cases* I witnessed *a considerable increase in the secretion of milk* after the use of some glasses of this emulsion.—*Medical Times*, April 13, 1844.

LEPRA IN ITALY.

At the scientific congress in Italy, Dr. Trompeo read a memoir on lepra, (the elephantiasis of the Greeks,) which he contended still existed in Europe, more especially in the Sardinian States; in the district of Nice, alone, he had seen a hundred lepers. He regarded it as not only hereditary, but contagious. Undeniable facts having convinced him that the disease is on the increase, he proposed that special hospitals should be opened for the reception of those afflicted with it, and that measures should be taken to separate them from the rest of the community. Dr. Costa confirmed the statements of Dr. Trompeo, and mentioned his having witnessed several instances of the transmission of lepra among the inhabitants of Ligaria. The congress offered a prize of the value of twelve pounds for the best memoir "On the Lepra of Italy, and on the means of preventing and curing that disease." The malady is a very different one from that which is called "lepra" in this country; it is also much more severe. It manifests itself under the form of numerous tubercles of variable size, livid, prominent, soft to the touch, which eventually suppurate, and occasion most hideous deformity. It is said by M. Roussel to exist endemically on the coast of the Mediterranean, and that in the Martigue Islands there are entire families of lepers.—*Med. Times, from London Lancet.*